

Consent for Initial Special Education and/or Related Services

Student:(Last)		(1	(First)		Birthdate: _	/	/
Meeting Date:	/		District/Build	ding Student Attends	s:		
education agency begin without your need of special ed have certain protec These protections	proposes to written con ucation and ctions under are explain whom to co	initiate spends sent. Your long related so the process of the proc	ecial educatior child has bee services. As the dural safeguar rocedural Safe eive assistance	e written notice when and/or related serven determined to be a the parent of a child rds of the Individuals eguards Manual for leve in understanding yeal procedures.	vices for your a student with entitled to speak with Disabilit Parents. This	child. Serva disability ecial educatiles Educatimanual co	vices may not y and to be in ation, you ion Act. ontains
				luation of my child's in need of special ed			
has been r		detail and o		have been explaine nis/her Individualized			
I understand				ents. I give my cor provided as descri			lucation
	Sic	nature of Pa	arent or Guardia	an		/ 	/ Date
organisation of a state of the							